MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 365 Primary Registration District No. 4520 Registrar's No. 11

-62-009630 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 1070
2 1070
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4 0
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7 0
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9 4200
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12 90-2
13 3-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. — SHOULD READ — INSTEAD OF — DATE AMENDED — BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED MAR 6 1962

1. PLACE OF DEATH
a. COUNTY Texas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Texas
c. CITY OR TOWN Summersville (Rural) — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rural Route 2 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First James Middle Bertie Last Cooley

4. DATE OF DEATH: Month February Day 11 Year 1962

5. SEX M. 6. COLOR OR RACE W. 7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐ 8. DATE OF BIRTH 3/10/84 9. AGE (last birthday) 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Shannon County, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Eli Cooley
13b. MOTHER'S MAIDEN NAME Alcy Summers
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.
17. INFORMANT Address Leslie Cooley Smsville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Mesenteric Thrombosis — 4 hrs.
DUE TO (c) Arteriosclerotic Heart Disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Influenza and Pneumonitis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1959 to Feb 11-1962 and last saw him alive on Feb 11
Death occurred at 4 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr Lauree Hampton DO
22b. ADDRESS Summersville
22c. DATE SIGNED 2/2/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2/15/1962
23c. NAME OF CEMETERY OR CREMATORY New City Cemetery
23d. LOCATION (City, town, or county) (State) Summersville, Missouri

24. FUNERAL DIRECTOR ADDRESS Duncan Funeral Home Mtn. View, Mo.
25. DATE RECD. BY LOCAL REG. 2-28-62
26. REGISTRAR'S SIGNATURE Julia Powell

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Charles D. Bartain

Licensed Embalmer No. 5167

P. O. Address Mtn. View Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.